

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 201

Primary Registration District No. 3048

Registrar's No. 64

AMENDED

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>			Length of stay in 1b <u>1 mo 13 days</u>		c. CITY OR TOWN <u>Maryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>134 S. Buchanan</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mettie Helen Howard</u>				4. DATE OF DEATH Month Day Year <u>2-16-1962</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Cau</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-7-1883</u>		9. AGE (last birthday) <u>78</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home-own</u>		11. BIRTHPLACE (City and state or country) <u>Pickering, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Certrude Reese</u>			14. NAME OF HUSBAND OR WIFE <u>Albert J. Howard</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>66 Mrs. Claude McKee-Maryville Mo</u>			Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Tuberculosis and Calcification</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Obstruction of small bowels infection of large area of bowel and mesentery</u> DUE TO (c) <u>unknown</u>								INTERVAL BETWEEN ONSET AND DEATH <u>gradual</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Removal of 15 inches of gangrenous and thrombosed bowel and mesentery with Colostomy Jan 10, 1962</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from <u>Jan 30/1962</u> to <u>Feb 16, 1962</u> and last saw her alive on <u>Feb 15, 1962</u> . Death occurred at <u>8:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>W B Jackson, M.D.</u> (Degree or title)				22b. ADDRESS <u>Maryville, Mo</u>				22c. DATE SIGNED <u>2/17/62</u> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-18-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Miriam Cern</u>		23d. LOCATION (City, town, or county) <u>Maryville Mo</u>				
24. FUNERAL DIRECTOR <u>Atchison-Maryville Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-18-62</u>		26. REGISTRAR'S SIGNATURE <u>Hunt</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.